



the compassion to care, the leadership to conquer

Human Services Committee

Public Hearing

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Written testimony of Laurie Julian, Director of Public Policy

Alzheimer's Association, CT Chapter

Senator Slossberg and Rep. Abercrombie and distinguished members of the committee, thank you for allowing the Alzheimer's Association, CT Chapter to submit testimony on the following bills that are before you today.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

S.B. 254 An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home-Care Program for the Elderly

The Home Care Program for the Elderly is one of the most cost-effective nursing home diversion programs. For many individuals with dementia, the Home Care Program has allowed them to remain in the community with its services and supports. It is estimated that as high as one-third of the recipients in Category 3 (Medicaid at nursing home level care) of the program have a cognitive impairment.

Alzheimer's is a progressive and degenerative disease. Implementation and administration of presumptive eligibility will help stabilize an already fragile population in the community. Individuals with Alzheimer's are "at-risk" clients and expediting support services will greatly improve the quality of life for both clients and their caregivers.

Individuals with Alzheimer's or other dementia are most at risk for transition to skilled nursing care. Many long term care applications are filed when a person is in crisis or leaving a hospital. The time waiting for an eligibility decision is crucial in terms of the client's health condition and need for additional supports. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.

The recent Report of the Task Force on Alzheimer's disease and Dementia (Special Act 13-11) recommends supporting and enhancing rebalancing initiatives that focus on diversion of individuals with dementia who are at risk for nursing home placement to community-based settings. <http://www.alz.org/documents/ct/alzheimerstaskforcefinalreport.pdf>. Since Alzheimer's disease is progressive and the most expensive malady, efforts should be made to keep these individuals at home as long as feasible.

In conclusion, presumptive eligibility supplements the state's re-balancing goals: to rebalance Medicaid expenditures from institutional based care to community-based care. However, it is important to commit resources up front to prevent transitions to costly nursing facility care in the first place. In other words, while we applaud the success of *Money Follows the Person* initiatives to transition individuals *from* skilled nursing facility care after a three-month stay, presumptive eligibility can delay costly transition of patients to skilled nursing facility care.

H.B. 5324 An Act Concerning Medicaid Applications By Married Persons

This bill requires the Department of Social Services to collect data concerning married persons who apply for Medicaid.

Recognizing the high costs of long-term care, Federal Medicaid law provides certain financial protections for married couples, where one spouse is seeking Medicaid coverage of long-term care in a nursing facility or through home and community-based waiver services. These spousal impoverishment provisions, prescribe the amount of assets that the "community spouse" is entitled to retain when his or her spouse enters a nursing home and applies for Medicaid.

Alzheimer's disease or other dementias take a deep financial toll on spouses of individuals with the disease as most people survive an average of four to eight years after a diagnosis, but some live as long as 20 years. Few individuals with Alzheimer's disease and other dementias can afford to pay out-of-pocket for long-term care services as long as the services are needed. One of the biggest challenges for people living with Alzheimer's disease and their caregivers is the financial burden of care.

The community spouse must receive the maximum protected amount to avoid subjecting the community spouse to extreme financial hardship. Spousal impoverishment laws allow a healthy elderly spouse to maintain assets that generate income for his or her own living expenses and future long term care needs.

Thank you for the opportunity to submit this testimony. Please feel free to contact me at ljulian@alz.org, or (860) 828-2828.